



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Fallon Community Health Plan														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	42,986	42986
PR	2011	0	0	24,593	0	51,460	34,922	0	0	33,900	0	0	38,516	183391
PR	2012	0	0	39,331	0	0	41,540	0	0	47,169				128040
ME	2009	0	0	0	0	0	0	0	0	0	0	0	381,954	381954
ME	2010	0	0	0	0	0	0	0	0	0	0	0	415,528	415528
ME	2011	377,597	382,180	393,971	384,244	389,720	404,019	414,897	421,173	439,643	566,457	594,784	540,016	5,308,701
ME	2012	566,028	547,390	539,133	513,525	501,672	483,484	475,571	479,573	490,097	474,726	484,824		5,556,023
PV	2011	117,573	119,537	121,355	122,964	124,728	125,782	129,720	131,586	133,169	134,929	137,165	137,214	1,535,722
PV	2012	149,292	151,758	156,345	163,152	164,550	166,972	164,337	166,898	179,651	183,191	183,965		1,830,111
MC	2008	83,525	257,645	304,084	422,616	383,273	342,668	401,571	313,218	417,981	412,947	454,063	466,121	4,259,712
MC	2009	451,920	374,337	609,411	435,727	411,704	502,091	398,104	415,660	524,184	474,827	463,730	496,772	5,558,467
MC	2010	424,991	419,523	309,981	685,635	658,618	884,875	666,410	779,798	609,963	671,251	809,461	629,192	7,549,698
MC	2011	561,228	555,148	829,196	716,013	683,789	809,447	591,101	742,161	706,405	673,797	759,644	550,557	8,178,486
MC	2012	653,609	579,731	598,670	606,253	719,647	564,816	685,938	549,648	407,158	742,894	612,677		6,721,041
PC	2008	266,849	242,438	255,771	258,357	260,091	251,383	260,375	252,148	265,584	278,266	253,344	279,140	3,123,746
PC	2009	293,265	273,192	302,859	287,778	289,577	295,717	306,621	301,439	284,440	297,705	291,632	304,704	3,528,929
PC	2010	299,255	273,218	308,244	290,303	280,092	288,965	276,321	280,952	275,030	274,271	277,020	283,706	3,407,377
PC	2011	278,354	249,071	287,836	265,617	281,325	276,963	263,166	280,910	270,494	276,731	271,304	276,153	3,277,924
PC	2012	280,453	255,562	278,378	251,538	317,899	281,599	262,843	273,908	252,076	278,783	268,500		3,001,539
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0		0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









